

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Padron, Martina (ARCH)	CHAPTER 100.1
Address: 67-361 Farrington Highway, Waialua, Hawaii, 96791	Inspection Date: March 12, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED

MAR 25 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Resident #2: signaling device at bedside not operational.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Battery was changed. calling buzzer is functioning.</i></p>	<p><i>3/13/21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Resident #2: signaling device at bedside not operational.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>all calling buzzers for residents use will be checked regularly to make sure they are functioning well.</i></p> <p><i>Writing in my schedule calendar to remind myself/ also to check it during monthly fire drill. To ensure that buzzers + alarm are functioning.</i></p>	<p><i>3/13/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (h) The administrator, primary care giver and substitute care givers shall attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current.</p> <p><u>FINDINGS</u> Primary care giver: No documented evidence of minimum of six (6) hours of training sessions.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>In-service training for primary care givers + substitute was done on 2/20/21 & 2/27/21.</i></p>	<p><i>3/27/21</i></p>

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Licensee's/Administrator's Signature: Martina Padron

Print Name: MARTINA F. Padron

Date: 3/19/21